

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|--------------------------------|-----------------------------|
| Case No. 5-RC-242701 | Date Filed 6/5/19 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Aggregate Industries

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
57 Blair Road Harpers Ferry WV 25425

3a. Employer Representative - Name and Title:
Terry Collins HR

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
304-725-8411

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Quarry (Mine)

4b. Principal Product or Service
Aggregate

5a. City and State where unit is located:
Millville WV

5b. Description of Unit Involved:
Included: *All Full Time Employees in Production, Maintenance, Electrician, Yard, Utility, Loader and Plant Operators, Haul Truck Operator, Rail Engine Operator, Break Men, Labor*
Excluded: *All Office, Clerical, Temporary Employees, Guards, Supervisors as defined by the act*

6a. Number of Employees in Unit:
39

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A (If no reply received, so state) and Employer declined recognition
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
N/A

8b. Address:
N/A

8c. Tel. No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any:
N/A

8h. Date of Recognition or Certification
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? N/A
(Name of Labor Organization) N/A has picketed the Employer since (Month, Day, Year) N/A

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
NONE

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):
6/12/19

11c. Election Time(s):
6am-9am and 3pm-6pm

11d. Election Location(s):
Employee Lunch/Break Room

12a. Full Name of Petitioner (including local name and number):
International Brotherhood of Boilermakers

12b. Address (street and number, city, State and ZIP code):
753 State Ave. Kansas City KS 66101

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers AFL-CIO

12d. Tel. No.
913-371-2640

12e. Cell No.
N/A

12f. Fax No.
888-721-4047

12g. E-Mail Address
N/A

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Steve Adair- Organizer

13b. Address (street and number, city, State and ZIP code):
753 State Ave. Kansas City KS 66101

13c. Tel. No.

13d. Cell No.
765-469-7817

13e. Fax No.
888-721-4047

13f. E-Mail Address
sadayr@boilermakers.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Steve Adair Signature [Signature] Title Organizer Date 6/3/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| | |
|-----------------------------------|------------------------------|
| DO NOT WRITE IN THIS SPACE | |
| Case No. 5-RC-243058 | Date Filed 6/10/19 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

| | |
|--|---|
| 2a. Name of Employer American Security Programs a wholly owned subsidiary of Securameric | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1881 Campus Commons Drive suite 105 VA Reston 20191- |
|--|---|

| | |
|---|--|
| 3a. Employer Representative - Name and Title Mark Phinney | 3b. Address (If same as 2b - state same) 1881 Campus Commons Drive suite 105 VA Reston 20191- |
|---|--|

| | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|---|
| 3c. Tel. No. (703) 834-8900 | 3d. Cell No. (703) 898-1723 | 3e. Fax No. (703) 834-8947 | 3f. E-Mail Address mphinney@securamericallc.com |
|---------------------------------------|---------------------------------------|--------------------------------------|---|

| | | |
|---|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services | 4b. Principal product or service Government Contract Security | 5a. City and State where unit is located: Rockville, MD |
|---|---|---|

| | | |
|---|---|---|
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details | 6a. No. of Employees in Unit: 8 | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|---|

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 05/31/2019 and Employer declined recognition on or about 05/31/2019 (Date) (If no reply received, so state). Yes**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|--|--------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). | 8b. Address |
|--|--------------------|

| | | | |
|--------------------|---------------------|--------------------|---------------------------|
| 8c. Tel No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
|--------------------|---------------------|--------------------|---------------------------|

| | | |
|--------------------------------|---|--|
| 8g. Affiliation, if any | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
|--------------------------------|---|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

| |
|--|
| 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|---|--|---|
| 11b. Election Date(s): 06/21/2019 | 11c. Election Time(s): 1700-1900 | 11d. Election Location(s): 5 Research Blvd Rockville Md (appropriate location at CPSC Rockville a |
|---|--|---|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) Ronald A. Mikell National League of Justice and Security Professionals | 12b. Address (street and number, city, state, and ZIP code) 305 Mt Zion RD PA Dillsburg 17019- |
|--|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National League of Justice and Security Professionals

| | | | |
|---------------------------------------|--|---------------------|---|
| 12d. Tel No. (503) 544-3257 | 12e. Cell No. (503) 544-3257 | 12f. Fax No. | 12g. E-Mail Address President@nljisp.us |
|---------------------------------------|--|---------------------|---|

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

| | |
|----------------------------|--|
| 13a. Name and Title | 13b. Address (street and number, city, state, and ZIP code) |
|----------------------------|--|

| | | | |
|---------------------|----------------------|---------------------|----------------------------|
| 13c. Tel No. | 13d. Cell No. | 13e. Fax No. | 13f. E-Mail Address |
|---------------------|----------------------|---------------------|----------------------------|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|---|--------------------------------------|---------------------------|------------------------------------|
| Name (Print) Ronald A. Mikell | Signature Ronald A. Mikell | Title President | Date 06/10/2019 20:42:26 |
|---|--------------------------------------|---------------------------|------------------------------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|-----------------------|
| Case 5-AC-243058 | Date Filed 6/10/19 |

Employees Included

All Regular part-time and full time employees of the Employer providing Security Services at the CPSC offices at 5 Research Blvd. in Rockville Md

Employees Excluded

All clerical, confidential, managerial and Supervisory personnel as defined in the National Labor and relations Act (NLRA)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
5-RC-243 227

Date Filed
6/12/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
see attached for addresses

3a. Employer Representative - Name and Title
S. Tibbetts, COO (VIT, LLC & VIT, Inc.); R. Giesinger, President (HRSA)

3b. Address (If same as 2b - state same)
see attached for addresses

3c. Tel. No.
800-446-8098 (S. Tibbetts); 757-622-2639 (R. Giesinger)

3d. Cell No.
N/A

3e. Fax No.
N/A (S. Tibbetts); 757-622-2639 (R. Giesinger)

3f. E-Mail Address
tibtetts@vit.org; roger@portofhamptonroads.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waterfront Terminal

4b. Principal product or service
Facility Maintenance

5a. City and State where unit is located:
Portsmouth, Norfolk, Newport News and Chesapeake, VA

5b. Description of Unit Involved
Included: All regular full-time and part-time facility maintenance employees employed by the Employer at its NIT, PMT, VIG & NNMT facilities.
Excluded: All other employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
20

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on** (Date) n/a and Employer declined recognition on or about n/a (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address
N/A

8c. Tel No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any
N/A

8h. Date of Recognition or Certification
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
As soon as possible, on a week day

11c. Election Time(s):
6:30 a.m. - 7:30 a.m.

11d. Election Location(s):
Facilities Management Building, 352 Lee Avenue, Portsmouth, VA 23707

12a. Full Name of Petitioner (including local name and number)
Local 970, ILA, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
3300 Princess Anne Road, Norfolk, VA 23502

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Longshoremen's Association, AFL-CIO

12d. Tel No.
757-855-1402

12e. Cell No.
N/A

12f. Fax No.
757-855-3301

12g. E-Mail Address
jcoley@ILA970.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Brian Esders, Attorney for Local 970

13b. Address (street and number, city, state, and ZIP code)
809 Gleneagles Court, Suite 320, Baltimore, Maryland 21286

13c. Tel No.
410-321-0990

13d. Cell No.
301-792-0955

13e. Fax No.
410-321-1419

13f. E-Mail Address
besders@abato.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Shauna Bamaskas

Signature
Shauna Bamaskas

Title
Attorney for Local 970

Date
June 12, 2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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**Attachment to RC Petition filed
By Local 970, ILA, AFL-CIO
(VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer)**

- 2a. Virginia International Terminals, LLC (VIT, LLC), Virginia International Terminals, Inc. (VIT, Inc.) and the Hampton Roads Shipping Association (HRSA), as a single or joint employer

- 2b. VIT, LLC, 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; VIT, Inc., 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; and HRSA, 236 East Plume Street, Norfolk, VA 23510

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-243435**

Date Filed

6/17/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Richmond Ambulance Authority

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2400 Hermitage RD
VA Richmond 23220-

3a. Employer Representative - Name and Title
Chip Decker

3b. Address (If same as 2b - state same)
2400 Hermitage RD
VA Richmond 23220-

3c. Tel. No.
(804) 254-1150

3d. Cell No.

3e. Fax No.
(804) 254-1103

3f. E-Mail Address
cdecker@raaems.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Healthcare

4b. Principal product or service
Ambulance Transportation

5a. City and State where unit is located:
Richmond, VA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
107

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Excluded: See Attached Page 2 for additional details

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
July 9th and July 11th 2019

11c. Election Time(s):
7am to 10am and 4pm to 6pm both election dates

11d. Election Location(s):
2400 Hermitage Rd, Richmond VA. 23220

12a. Full Name of Petitioner (including local name and number)
John Rossi
John Rossi

12b. Address (street and number, city, state, and ZIP code)
159 Burgin Parkway
MA Quincy 02169-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Association of Government Employees (NAGE)/ Service Employees International Union (SEIU) International Association of EMT's and Paramedic

12d. Tel. No.
(401) 255-5708

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
Jrossi@nage.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
John Rossi

Signature
John Rossi

Title
National Organizer

Date
06/17/2019 09:44:16

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------------|------------|
| Case | Date Filed |

Employees Included

All full time and regular part time EMT's, Paramedics and Field Training Officers that are regular field personal employed by the employer working in and out of the employers location, deployment centers, and stations and operations including but not limited to the following locations: 2400 Hermitage RD. Richmond, VA 23220

Employees Excluded

Office clerical employees all other employees, RN's, including cat RN's, confidential employees dispatchers Mechanics, fleet technicians 1 and 2, couriers, crew chiefs, guards and supervisors as defined by the act, as amended.

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| | |
|--|--|
| 2a. Name of Employer: Command Security Corporation | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9600 Newbridge Dr Potomac Md. 20804 |
|--|--|

| | |
|--|--|
| 3a. Employer Representative - Name and Title: Richard Klein, Prosegur /CSC USA VP HR | 3b. Address (if same as 2b - state same): 512 Herndon Parkway Suite A Herndon Virginia 20170 |
|--|--|

| | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|---|
| 3c. Tel. No. (703) 464-4735 | 3d. Cell No. (678) 463-5485 | 3e. Fax No. (703) 543-0631 | 3f. E-Mail Address rklein@commandsecurity.com |
|---------------------------------------|---------------------------------------|--------------------------------------|---|

| | | |
|--|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) US Postal Service facility | 4b. Principal Product or Service Security Services | 5a. City and State where unit is located: Potomac Maryland 20804 |
|--|--|--|

| | |
|--|---|
| 5b. Description of Unit Involved: Included: All regular part-time and full time Security Officers at the Bolger Center Excluded: All clerical ,administrative,managerial and all Supervisors as defined in the NLRA | 6a. Number of Employees in Unit: 4 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|--|----------------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) N/A | 8b. Address: N/A |
|--|----------------------------|

| | | | |
|----------------------------|----------------------------|---------------------------|----------------------------------|
| 8c. Tel. No. N/A | 8d. Cell No. N/A | 8e. Fax No. N/A | 8f. E-Mail Address N/A |
|----------------------------|----------------------------|---------------------------|----------------------------------|

| | | |
|--|--|--|
| 8g. Affiliation, if any: N/A | 8h. Date of Recognition or Certification N/A | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A |
|--|--|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
N/A

| | | | | | |
|-------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------------|
| 10a. Name N/A | 10b. Address N/A | 10c. Tel. No. N/A | 10d. Cell No. N/A | 10e. Fax No. N/A | 10f. E-Mail Address N/A |
|-------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------------|

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **Balloting should be by mail**
11a. Election Type: Manual Mail Mixed Manual/Mail

| | | |
|---------------------------------------|---------------------------------------|---|
| 11b. Election Date(s): Mail | 11c. Election Time(s): Mail | 11d. Election Location(s): Mail |
|---------------------------------------|---------------------------------------|---|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number): National League of Justice and Security Professionals | 12b. Address (street and number, city, State and ZIP code): POB 129 Dover Pennsylvania 17315 |
|---|--|


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
National League of Justice and Security Professionals (NLJSP)

| | | | |
|--------------------------------------|--------------------------------------|---------------------|---|
| 12d. Tel. No. 503 544-3257 | 12e. Cell No. 503 544-3257 | 12f. Fax No. | 12g. E-Mail Address President@nljisp.us |
|--------------------------------------|--------------------------------------|---------------------|---|

| | |
|--|---|
| 13a. Name and Title: Ronald A. Mikell, President | 13b. Address (street and number, city, State and ZIP code): 305 Mt. Zion RD Dillsburg Pa. 17019 |
|--|---|

| | | | |
|----------------------|--|---------------------|---|
| 13c. Tel. No. | 13d. Cell No. (503) 544-3257 | 13e. Fax No. | 13f. E-Mail Address President@nljisp.us |
|----------------------|--|---------------------|---|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|---|---|---------------------------|-------------------------|
| Name (Print) Ronald A. Mikell | Signature  | Title President | Date 06/16/19 |
|---|---|---------------------------|-------------------------|

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|---------------------------------|
| Case No. 05-RC-243506 | Date Filed 06/19/2019 |
|---------------------------------|---------------------------------|

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

| | |
|---|--|
| 2a. Name of Employer American Security Programs a wholly owned subsidiary of SecurAmerica | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1881 Campus Commons Dr Suite 105 VA Reston 20191- |
|---|--|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Mark Phinney | 3b. Address (if same as 2b - state same) 1881 Campus Commons Dr Suite 105 VA Reston 20191- |
|---|---|

| | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|---|
| 3c. Tel. No. (703) 834-8900 | 3d. Cell No. (703) 898-1723 | 3e. Fax No. (703) 834-8947 | 3f. E-Mail Address mphinney@securamericallc.com |
|---------------------------------------|---------------------------------------|--------------------------------------|---|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services | 4b. Principal product or service Government Contract Security | 5a. City and State where unit is located: Lorton, VA |
|---|---|--|

| | | |
|---|---|---|
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details | 6a. No. of Employees in Unit: 5 | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|---|

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|--|--------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). | 8b. Address |
|--|--------------------|

| | | | |
|--------------------|--------------------|--------------------|---------------------------|
| 8c. Tel No. | 8d Cell No. | 8e. Fax No. | 8f. E-Mail Address |
|--------------------|--------------------|--------------------|---------------------------|

| | | |
|--------------------------------|---|--|
| 8g. Affiliation, if any | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
|--------------------------------|---|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |

| | |
|--|--|
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|

| | | |
|---|---------------------------------------|---|
| 11b. Election Date(s): 07/01/2019 | 11c. Election Time(s): Mail | 11d. Election Location(s): Mail |
|---|---------------------------------------|---|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number) Ronald A Mikell National League of Justice and Security Professionals | 12b. Address (street and number, city, state, and ZIP code) 305 Mt Zion Road PA Dillsburg 17019- |
|---|---|

| | | | | |
|--|---------------------------------------|----------------------|---------------------|--|
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none | 12d. Tel No. (503) 544-3257 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address President@nljsp.us |
|--|---------------------------------------|----------------------|---------------------|--|

| | | | |
|--|--|--|--|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title | 13b. Address (street and number, city, state, and ZIP code) | | |

| | | | |
|---------------------|----------------------|---------------------|----------------------------|
| 13c. Tel No. | 13d. Cell No. | 13e. Fax No. | 13f. E-Mail Address |
|---------------------|----------------------|---------------------|----------------------------|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|--|--------------------------------------|---------------------------|------------------------------------|
| Name (Print) Ronald A Mikell | Signature Ronald A. Mikell | Title President | Date 06/18/2019 21:47:22 |
|--|--------------------------------------|---------------------------|------------------------------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------------|-------------------|
| Case | Date Filed |
| 05-RC-243506 | 06/19/2019 |

Employees Included

All Regular part-time and full time Security employees engaged to provide Security at DLSA (8308 Cinder Bed Rd Bldg A Lorton Va 22079)

Employees Excluded

All clerical,confidential, managerial and Supervisors as defined in the National Labor Relations Act (NLRA)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------|--------------------------|
| Case No. 05-RC-243528 | Date Filed 06/19/2019 |
|--------------------------|--------------------------|

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

| | |
|---|---|
| 2a. Name of Employer ACV Enviro | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2931 Whittington Ave MD Baltimore 21230- |
|---|---|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Steve Glab | 3b. Address (If same as 2b - state same) |
|---|---|

| | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--|
| 3c. Tel. No. (410) 368-9170 | 3d. Cell No. (310) 300-9161 | 3e. Fax No. (410) 525-8644 | 3f. E-Mail Address sglab@acvenviro.com |
|---------------------------------------|---------------------------------------|--------------------------------------|--|

| | | |
|---|--|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services | 4b. Principal product or service Industrial Sevices/Emergency Response | 5a. City and State where unit is located: Baltimore, MD |
|---|--|---|

| | | |
|---|--|---|
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details | 6a. No. of Employees in Unit: 80 | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|--|---|

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 06/18/2019 and Employer declined recognition on or about 06/18/2019 (Date) (If no reply received, so state). Yes
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|--|--------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). | 8b. Address |
|--|--------------------|

| | | | |
|--------------------|--------------------|--------------------|---------------------------|
| 8c. Tel No. | 8d Cell No. | 8e. Fax No. | 8f. E-Mail Address |
|--------------------|--------------------|--------------------|---------------------------|

| | | |
|--------------------------------|---|--|
| 8g. Affiliation, if any | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
|--------------------------------|---|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

| |
|--|
| 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|--|--|--|
| 11b. Election Date(s): June 26, 2019 | 11c. Election Time(s): 4:30 am- 7:00 am and 4:30 pm- 7:00 pm | 11d. Election Location(s): Employee break room located at the employers facility at 2931 Whittington |
|--|--|--|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) Mark Frederick McQuay International Union of Operating Engineers Local 37 | 12b. Address (street and number, city, state, and ZIP code) 3615 North Point Blvd Suite A MD Baltimore 21222- |
|---|--|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| 12d. Tel No. (410) 254-2030 | 12e. Cell No. (443) 324-4623 | 12f. Fax No. (410) 319-9197 | 12g. E-Mail Address mark.mcquay@iuoe37.org |
|---------------------------------------|--|---------------------------------------|--|

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

| | |
|--|--|
| 13a. Name and Title David Gray Wright Attorney Kahn Smith and Collins | 13b. Address (street and number, city, state, and ZIP code) 201 North Charles Street 10th Floor MD Baltimore 21201- |
|--|--|

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| 13c. Tel No. (410) 244-1010 | 13d. Cell No. (443) 255-2180 | 13e. Fax No. (410) 244-8001 | 13f. E-Mail Address wright@kahnsmith.com |
|---------------------------------------|--|---------------------------------------|--|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|--|---|---|------------------------------------|
| Name (Print) Mark Frederick McQuay | Signature Mark Frederick McQuay | Title Business Representative | Date 06/19/2019 10:12:12 |
|--|---|---|------------------------------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------------|------------|
| Case | Date Filed |
| 05-RC-243528 | 06/19/2019 |

Employees Included

All Full time and Part time Working Field Supervisors, Working Foremen, Operators, Driver Trainers, Drivers, Lead Mechanics, Mechanics, Field Techs/C.T's, Chemist, Hydro Excavator Operator/Driver

Employees Excluded

All Professional employees, clerical employees, managerial employees, guards and supervisors as defined in the Act, and all other employees

Case No. 05-RC-243656 Date Filed 06/20/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Action Facilities Management, Inc.
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1900 E St NW, Washington, DC 20415

3a. Employer Representative - Name and Title: Donald Hill III, Owner
3b. Address (if same as 2b - state same): 2401 E St NW H141 Washington, DC 20037

3c. Tel. No. 202-558-6545 **3d. Cell No.** 202 434 8470 **3e. Fax No.** **3f. E-Mail Address** dhill@actionfacilities.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal office building **4b. Principal Product or Service** Facilities Management **5a. City and State where unit is located:** Washington, DC

5b. Description of Unit Involved:
Included: All fulltime and regular part-time maintenance employees employed by the employer
Excluded: All clerical employees, all managers, all guards and supervisors as defined by the act.
6a. Number of Employees in Unit: 6
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date)** 6-20-2019 **and Employer declined recognition** on or about (Date) No response (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none **8b. Address:**

8c. Tel. No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any: **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): 7/18/2019 **11c. Election Time(s):** 1200pm-100pm **11d. Election Location(s):** Maintenance break room

12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 99 **12b. Address (street and number, city, State and ZIP code):** 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

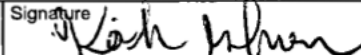
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers

12d. Tel. No. 202-337-0099 **12e. Cell No.** 202-744-9519 **12f. Fax No.** 240-716-3956 **12g. E-Mail Address** kgraham@iuoelocal99.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Keith Graham, Organizer **13b. Address (street and number, city, State and ZIP code):** 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

13c. Tel. No. 202-337-0099 **13d. Cell No.** 202-744-9519 **13e. Fax No.** 240-716-3956 **13f. E-Mail Address** kgraham@iuoelocal99.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith Graham **Signature**  **Title** Organizer **Date** 6-20-19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Case No. 5-RC-243662 Date Filed 6/20/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

| | | | |
|---|--|---|--|
| 2a. Name of Employer: Jones Lang LaSalle | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2020 K Street NW , Washington, DC 20006 | |
| 3a. Employer Representative - Name and Title: Sean Smith ,Regional Senior Chief Engineer | | 3b. Address (if same as 2b - state same): same | |

| | | | |
|------------------------------|------------------------------|-------------|---|
| 3c. Tel. No. 678-537-1997 | 3d. Cell No. 678-537-1997 | 3e. Fax No. | 3f. E-Mail Address sean.smith.am.jll.com |
|------------------------------|------------------------------|-------------|---|

| | | |
|--|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office building | 4b. Principal Product or Service Maintenance | 5a. City and State where unit is located: Washington, DC |
|--|---|---|

| | | |
|--|---------------------------------------|--|
| 5b. Description of Unit Involved: Included: All fulltime and regular Part-time employees engaged in buidling maintenance Excluded: All clerical employees, all managers, all guards and supervisors as defined by the act. | 6a. Number of Employees in Unit: 4 | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---------------------------------------|--|

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 06-20-19 and Employer declined recognition on or about (Date) no response (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|--|--------------|
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none | 8b. Address: |
|--|--------------|

| | | | |
|--------------|--------------|-------------|--------------------|
| 8c. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
|--------------|--------------|-------------|--------------------|

| | | |
|--------------------------|--|---|
| 8g. Affiliation, if any: | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
|--------------------------|--|---|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____
(Name of Labor Organization)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)
none

| | | | |
|-----------|--------------|---------------|---------------------|
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: _____ 11a. Election Type:
 Manual Mail Mixed Manual/Mail

| | | |
|-------------------------------------|--|--|
| 11b. Election Date(s): 7-17-2019 | 11c. Election Time(s): 1200pm-100pm | 11d. Election Location(s): Maintenance Break Room |
|-------------------------------------|--|--|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 99 | 12b. Address (street and number, city, State and ZIP code): 9315 largo Drive West, Upper Marlboro,MD 20774 |
|---|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
international Union of Operating Engineers

| | | | |
|-------------------------------|-------------------------------|------------------------------|--|
| 12d. Tel. No. 202-337-0099 | 12e. Cell No. 202-253-5440 | 12f. Fax No. 240-716-3956 | 12g. E-Mail Address eclifford@iuoelocal99.org |
|-------------------------------|-------------------------------|------------------------------|--|

| | |
|---|---|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | |
| 13a. Name and Title: Eamon Clifford, Lead Organizer | 13b. Address (street and number, city, State and ZIP code): 9315 largo Drive West, Upper Marlboro,MD 20774 |

| | | | |
|-------------------------------|-------------------------------|------------------------------|---------------------|
| 13c. Tel. No. 202-337-0099 | 13d. Cell No. 202-253-5440 | 13e. Fax No. 240-716-3956 | 13f. E-Mail Address |
|-------------------------------|-------------------------------|------------------------------|---------------------|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|--------------------------------|---------------|-------------------------|-----------------|
| Name (Print) Eamon Clifford | Signature | Title Lead Organzier | Date 6-20-19 |
|--------------------------------|---------------|-------------------------|-----------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------|---------------------------|
| Case No. 5-RC-243829 | Date Filed 6/24/19 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

| | |
|---|--|
| 2a. Name of Employer American Security Programs | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1881 Campus Commons Drive, Suite 105, Reston, VA 20191 |
|---|--|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Rick Pohland | 3b. Address (if same as 2b - state same) SAME |
|---|---|

| | | | |
|-------------------------------------|---------------------|------------------------------------|---|
| 3c. Tel. No. 703.834.8900 | 3d. Cell No. | 3e. Fax No. 703.834.8947 | 3f. E-Mail Address Rpohland@securamericallc.com |
|-------------------------------------|---------------------|------------------------------------|---|

| | | |
|--|--|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security | 4b. Principal product or service Security Services | 5a. City and State where unit is located: DC & MD |
|--|--|---|

| | |
|---|---|
| 5b. Description of Unit Involved Included: All regular full-time and part-time armed and unarmed security officers performing guard duties as defined in Section 9(b)(3) of the Act, employed at Archives I and Archives II. Excluded: All office clerical employees, managerial employees, and supervisors as defined by the Act. | 6a. No. of Employees in Unit: 80 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date)** 6/7/2019 and Employer declined recognition on or about 6/7/2019 (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | |
|---|--|
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). International Guards Union of America | 8b. Address P.O. Box 6633, Oak Ridge, TN 37831 |
|---|--|

| | | | |
|-------------------------------------|-------------------------------------|--------------------|--|
| 8c. Tel. No. 877.205.4561 | 8d. Cell No. 505.470.5847 | 8e. Fax No. | 8f. E-Mail Address Lente1127@gmail.com |
|-------------------------------------|-------------------------------------|--------------------|--|

| | | |
|--------------------------------|---|--|
| 8g. Affiliation, if any | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) September 30, 2019 |
|--------------------------------|---|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

| |
|--|
| 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|--|--|--|
| 11b. Election Date(s): July 10, 2019 | 11c. Election Time(s): 10:00AM-12:00PM & 4:00PM-6:00PM | 11d. Election Location(s): On site |
|--|--|--|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number) National Association of Special Police and Security Officers Local 220 | 12b. Address (street and number, city, state, and ZIP code) 10 G Street, NE Suite 600, Washington, DC 20002 |
|---|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Association of Special Police and Security Officers

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 12d. Tel. No. 202.487.3438 | 12e. Cell No. 202.487.3438 | 12f. Fax No. 301.316.9874 | 12g. E-Mail Address Frasergaby1@aol.com |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

| | |
|--|---|
| 13a. Name and Title Gaby L. Fraser | 13b. Address (street and number, city, state, and ZIP code) 10 G Street, NE Suite 600, Washington, DC 20002 |
|--|---|

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 13c. Tel. No. 202.487.3438 | 13d. Cell No. 202.487.3438 | 13e. Fax No. 202.758.3262 | 13f. E-Mail Address Frasergaby1@aol.com |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | | |
|---------------------------------------|----------------------|---|------------------------------|
| Name (Print) Gaby L. Fraser | Signature | Title Director, Labor Relations | Date June 24, 2019 |
|---------------------------------------|----------------------|---|------------------------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

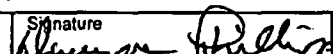
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| | |
|-----------------------------------|------------------------------|
| DO NOT WRITE IN THIS SPACE | |
| Case No. 5-RC-243990 | Date Filed 6/26/19 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

| | | | |
|---|--|---|--|
| 2a. Name of Employer Alutiiq | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 10th Street, Fort Meade, MD 20755 | |
| 3a. Employer Representative - Name and Title Melissa Webb | | 3b. Address (if same as 2b - state same) 360 C Quality Circle, Suite 300 Huntsville, AL 35806 | |
| 3c. Tel. No. 256-489-9380 | 3d. Cell No. | 3e. Fax No. 256-489-3315 | 3f. E-Mail Address mwebb@alutiiq.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY | | 4b. Principal product or service SECURITY | |
| 4c. City and State where unit is located: Fort Meade, MD | | | 5a. City and State where unit is located: Fort Meade, MD |
| 6b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED ACCESS CONTROL OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALUTIIQ @ 600 10TH ST., FORT MEADE, MD 20755 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. | | | 6a. No. of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). no | | | |
| 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). none | | 8b. Address | |
| 8c. Tel No. | 8d Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____ | | | |
| 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none | | | |
| 10a. Name | | 10b. Address | |
| 10c. Tel. No. | | 10d. Cell No. | |
| 10e. Fax No. | | 10f. E-Mail Address | |
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | | | |
| 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | 11b. Election Date(s): 7/16/19 | |
| 11c. Election Time(s): mail | | 11d. Election Location(s): mail | |
| 12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA) | | 12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066 | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) | | | |
| 12d. Tel No. 586-772-7250 X111 | 12e. Cell No. 586-872-5634 | 12f. Fax No. 586-772-9644 | 12g. E-Mail Address organize@sfpfa.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title Gordon Gregory, General Counsel | | 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 | |
| 13c. Tel No. 313-964-5600 | 13d. Cell No. | 13e. Fax No. 313-964-2125 | 13f. E-Mail Address Gordon@UnionLaw.net |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. | | | |
| Name (Print) Dwayne Phillips | Signature  | Title Organizing Director | Date 6/25/19 |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

| | |
|--------------------------------|------------------------------|
| DO NOT WRITE IN THIS SPACE | |
| Case No. 5-RD-243003 | Date Filed 6/10/19 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

| | | | |
|--|--|--|--|
| 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. | | | |
| 2a. Name of Employer Master Security Company LLC | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) National Cancer Institute 9609 Medical Center Drive Rockville, MD 20850 | |
| 3a. Employer Representative - Name and Title Major Reginald Septus | | 3b. Address (if same as 2b - state same) Same As Above | |
| 3c. Tel. No. 240-276-7691 | 3d. Fax No. | 3e. Cell No. | 3f. E-Mail Address ncisup1@mastersecurity.us |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Contractor at Federal Facility | | 4b. Principal product or service Armed Protective Security Services | |
| 5a. Description of Unit Involved Included: All Full-time and Part-time Armed Security Officers Currently at National Cancer Institute Rockville, Excluded: All Office Clerical employees, Managerial Employees, and Supervisors as defined in the Act. | | | 5b. City and State where unit is located: Rockville, MD |
| 6. No. of Employees in Unit 48 | 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8a. Name of Recognized or Certified Bargaining Agent Governed United Security Professionals (GUSP) | | 8b. Affiliation, if any | |
| 8c. Address 5602 Baltimore National Pike Suite #607 Baltimore, Maryland 21228 | | 8d. Tel. No. 443-304-2018 | 8e. Cell No. 443-562-3230 |
| | | 8f. Fax No. 443-304-2855 | 8g. E-Mail Address k1eme@yahoo.com |
| 9. Date of Recognition or Certification | | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 15, 2019 | |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11b. If so, approximately how many employees are participating? | |
| 11c. The Employer has been picketed by or on behalf of (insert Name) _____ a labor organization, of (insert Address) _____ since (Month, Day, Year) _____ | | | |
| 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (if none, so state) | | | |
| 12a. Name | 12b. Address | 12c. Tel. No. | 12d. Fax No. |
| | | 12e. Cell No. | 12f. E-Mail Address |
| 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | | 13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 13b. Election Date(s) Wed. 7/3/2019 | 13c. Election Time(s) 5am-9am, 2pm-5pm | 13d. Election Location(s) NCI National Medical Center Dr. Rockville, MD 2081 | |
| 14. Full Name of Petitioner (b) (6), (b) (7)(C) | | | |
| 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) | | 14b. Tel. No. (b) (6), (b) (7)(C) | 14c. Fax No. |
| | | 14d. Cell No. (b) (6), (b) (7)(C) | 14e. E-Mail Address (b) (6), (b) (7)(C) |
| 14f. Affiliation, if any | | | |
| 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 15a. Name (b) (6), (b) (7)(C) An Individual | | 15b. Title | |
| 15c. Address (Street and number, city, state, ZIP code) same As Above | | 15d. Tel. No. (b) (6), (b) (7)(C) | 15e. Fax No. |
| | | 15f. Cell No. (b) (6), (b) (7)(C) | 15g. E-Mail Address (b) (6), (b) (7)(C) |
| I declare that I have read the above petition and that (b) (6), (b) (7)(C) is the best of my knowledge and belief. | | | |
| Name (Print) (b) (6), (b) (7)(C) | Signature (b) (6), (b) (7)(C) | Title An Individual | Date Filed 06/06/19 |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RD-243045

Date Filed

6/10/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

| | | | |
|--|------------------------------------|--|--|
| 2a. Name of Employer Motor Truck Equipment Co./ Kenworth of PA | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 198 Kost Rd Carlisle, Pa 17015 | |
| 3a. Employer Representative - Name and Title Linda Hostetter | | 3b. Address (if same as 2b - state same) Same | |
| 3c. Tel. No. 717-691-2218 | 3d. Fax No. 717-766-3596 | 3e. Cell No. | 3f. E-Mail Address lhostetter@kwofpa.com |

| | |
|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Repair Facility/Dealership for Kenworth and Thermo King | 4b. Principal product or service Trucking/Refrigeration Repairs and Parts |
|---|---|

| | |
|---|--|
| 5a. Description of Unit Involved Included: Shop Technicians, Parts Counter, Pats Warehouse, Delivery Drivers, and Janitors Excluded: Managers, Service Writers, Salesmen, Office Personnel | 5b. City and State where unit is located: Carlisle, Pa |
|---|--|

| | |
|---------------------------------------|---|
| 6. No. of Employees in Unit 45 | 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------|---|

| | | | |
|---|--|-------------------------------------|---------------------------|
| 8a. Name of Recognized or Certified Bargaining Agent International Association of Machinists and Aerospace Workers District#98 Local 2058 | | 8b. Affiliation, if any | |
| 8c. Address 3200 East Prospect Rd York, Pa 17402 | | 8d. Tel. No. 717-600-1198 | 8e. Cell No. |
| | | 8f. Fax No. 717-600-1988 | 8g. E-Mail Address |

| | |
|--|--|
| 9. Date of Recognition or Certification June 1, 2014 | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 1, 2019 |
|--|--|

| | |
|---|--|
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11b. If so, approximately how many employees are participating? |
| 11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) | |

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 12a. Name | 12b. Address | 12c. Tel. No. | 12d. Fax No. |
| | | 12e. Cell No. | 12f. E-Mail Address |

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

| | | | |
|--|--|--|--|
| 13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | 13b. Election Date(s) Around July 12, 2019 | 13c. Election Time(s) To be determined | 13d. Election Location(s) To be determined |
|--|--|--|--|

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

| | | |
|---|---|---|
| 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) | 14b. Tel. No. (b) (6), (b) (7)(C) | 14c. Fax No. |
| | 14d. Cell No. (b) (6), (b) (7)(C) | 14e. E-Mail Address (b) (6), (b) (7)(C) |

14f. Affiliation, if any Employee

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

| | |
|--|----------------------------|
| 15a. Name None | 15b. Title |
| 15c. Address (Street and number, city, state, ZIP code) | 15d. Tel. No. |
| | 15e. Fax No. |
| | 15f. Cell No. |
| | 15g. E-Mail Address |

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

| | | |
|--|-------------------------------------|-----------------------------|
| Name (Print) (b) (6), (b) (7)(C) | Title (b) (6), (b) (7)(C) | Date Filed 6/4/19 |
|--|-------------------------------------|-----------------------------|

STATEMENTS _____ SHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Case No. 5-RD-243947 Date Filed 6/25/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Plasticoid Company
2b. Address(es) of Establishment(s) involved: 249 W. High St Elkton, MD 21921
3a. Employer Representative - Name and Title: Jim Palinkas
3b. Address (if same as 2b - state same): Same
3c. Tel. No.: 410-398-2800
3d. Fax No.: 410-398-2803
3e. Cell No.:
3f. E-Mail Address: JPalinkas@Plasticoid.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Manufacturing
4b. Principal product or service: Molded Rubber Products

5a. Description of Unit Involved
Included: ~~United Steel Workers~~ all production and maintenance employees including Truck drivers
Excluded: office, clerical, professional employees, salesman, technical employees, guards, foreman, floorladies, supervisors
5b. City and State where unit is located: 249 W. High St Elkton, MD 21921

6. No. of Employees in Unit: 32
7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent: Tom Cruden United Steel Workers of America
8b. Affiliation, if any:
8c. Address: 7939 Honeygo Blvd, Suite 113 Baltimore, Md 21236
8d. Tel. No.: 410-931-6900
8e. Cell No.:
8f. Fax No.: 410-931-6904
8g. E-Mail Address: tcruden@usw.org

9. Date of Recognition or Certification: May 1985 est.
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): May 15, 2019 (extended)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No
11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) N/A since (Month, Day, Year) a labor organization, of (Insert Address)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state) NONE

12a. Name
12b. Address
12c. Tel. No.
12d. Fax No.
12e. Cell No.
12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s): 7/9/2019
13c. Election Time(s): 9:00 AM
13d. Election Location(s): 249 W. High St. Elkton, MD 21921

14. Full Name of Petitioner: (b) (6), (b) (7)(C)
14a. Address (Street and number, city, state, ZIP code): (b) (6), (b) (7)(C)
14b. Tel. No.: (b) (6), (b) (7)(C)
14c. Fax No.:
14d. Cell No.:
14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
15a. Name: (b) (6), (b) (7)(C)
15b. Title:

15c. Address (Street and number, city, state, ZIP code): (b) (6), (b) (7)(C)
15d. Tel. No.: (b) (6), (b) (7)(C)
15e. Fax No.:
15f. Cell No.:
15g. E-Mail Address: (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

16. Date Filed: (b) (6), (b) (7)(C)
Signature: (b) (6), (b) (7)(C)
Title: Petitioner
Date Filed: 6-25-19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.